

October 7, 2002

**REVISED CORRESPONDENCE AND MEDICAL CASE REVIEW**

Re: Medical Dispute Resolution  
MDR #: M2-02-1002-01  
IRO Certificate No.: IRO 5055

Dear

The following Medical Case Review is to correct the review dated 09/23/02, mailed to you on 09/25/02. The original review incorrectly stated your date of injury as \_\_\_\_\_. The following report accurately reports your date of injury as \_\_\_\_\_.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician Board Certified in Anesthesiology.

**The physician reviewer AGREES with the determination made by the insurance carrier in this case. The reviewer is of the opinion that a series of three lumbar epidural steroid injections reinforced with spinal epidural catheter is NOT MEDICALLY NECESSARY.**

I am the Secretary and General Counsel of \_\_\_\_\_ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by \_\_\_\_\_ is deemed to be a Commission decision and order.

**YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **ten (10)** days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **twenty (20)** days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5)** days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission  
P.O. Box 40669  
Austin, TX 78704-0012

**A copy of this decision should be attached to the request.** The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

**I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 7<sup>th</sup> day of October 2002.**

Sincerely,

### **MEDICAL CASE REVIEW**

This is for \_\_\_\_\_. I have reviewed the medical information forwarded to me concerning MDR #M2-02-1002-01, in the area of Pain Management. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Peer review of \_\_\_\_\_ (4/12/02).
2. Progress notes, \_\_\_\_\_ (5/16/02, 6/06/02).
3. EMG/NCS study (11/27/01).
4. Lumbar MRI (8/28/00).
5. Post-diskogram CT of lumbar spine (12/10/98).

B. BRIEF CLINICAL HISTORY:

The claimant was allegedly injured on \_\_\_\_\_ by some type of unspecified lifting incident. At the time, he was 57 years of age. He apparently then developed low back pain. An MRI apparently revealed a herniated lumbar disk at L5-S1, though I do not have that report available for my review. The claimant then began treatment with \_\_\_\_\_ in December 1996 after failing conservative management from 1994 through 1996. \_\_\_\_\_ has

performed numerous injections including facet injections, sacroiliac joint injections, and epidural injections. He has also maintained the claimant on pharmacological management.

In September 1997, a lumbar radio-frequency rhizotomy was performed by \_\_\_\_, followed by a work conditioning program. Apparently, neither of these provided any relief, since in 1998 the patient then was referred by \_\_\_\_ to a chronic pain management program, attending from 2/09/98 through 3/20/98. This apparently also failed.

On 6/25/98, the claimant underwent L5-S1 laminectomy and diskectomy by \_\_\_\_\_. This was followed by more physical therapy and another work hardening program. The claimant continued treatment with \_\_\_\_, and he kept ordering more and more diagnostics including EMG's and MRI's.

An IME was performed on 12/15/99 by \_\_\_\_, indicating that no further treatments were needed. \_\_\_\_ apparently ignored this IME and continued treating through 2000 with more and more diagnostic testing being performed. Another IME was performed by \_\_\_\_ in 2000, recommending the use of non-narcotic pain medicines and no further need for pain management.

Multiple peer reviews were also performed, recommending no further injection therapy. Nonetheless, \_\_\_\_ continued performing procedures and diagnostics, including at least one epidural injection in the year 2001. A peer review was performed in 2001, recommending no further treatment or diagnostics as being reasonable, necessary, or related to the injury. Nonetheless, \_\_\_\_ again continued to treat, requesting more rehabilitation, chiropractic care, and medication.

On 2/21/02, \_\_\_\_ apparently documented a pain level of 2-3/10, consisting of low back pain. Physical exam was said to be unremarkable.

All of the preceding information has come from \_\_\_\_ and his 4/12/02 peer review. \_\_\_\_, as an experienced pain management physician, agreed with the previous peer reviews, stating that no further treatment appeared to be reasonable or necessary, and "There certainly appears to be a component of over-utilization of medical services." In fact, he appropriately states that the goal of pain management treatment is to decrease the claimant's reliance on medication and medical intervention, not increase them as \_\_\_\_ had done. He recommended nothing more than two or three times per year follow-up for pharmacologic treatment.

\_\_\_\_ saw the patient on 5/16/02, who complained of four weeks of increased lumbar pain with numbness in the left lower extremity to the level of the knee. Physical exam demonstrated no neurologic findings.

There was pain with any movement of the lumbar spine, which is non-physiologic. Straight-leg raising test was documented as “negative bilaterally.” \_\_\_\_ requested a series of three lumbar epidural steroid injections with spinal epidural catheterization.

A previous lumbar MRI on 8/28/00 had demonstrated epidural fibrosis and a left 2-3 mm disk protrusion at L2-3 with compression of the left anterolateral thecal sac and narrowing of the left L2-3 neuroforamen. This level in the lumbar spine was never involved in the claimant’s original injury, and any pathology at that level, therefore, is due solely to the degenerative process of life. At L5-S1, there was noted to be significant enhancing epidural fibrosis surrounding the left S-1 root, exiting the thecal sac. Degenerative disk changes were also noted at L3-4 and L4-5 with bilateral facet hypertrophy. These are also findings consistent with the degenerative process of life.

On 6/06/02, the claimant again saw \_\_\_\_, now complaining of increased lumbar pain radiating down the left lower extremity to the level of the knee. He dismissed all previous peer reviews as “nonsense.” Physical exam demonstrated no neurologic findings, with pain on any movement of the lumbar spine, which is again non-physiologic.

C. DISPUTED SERVICES:

Series of three lumbar epidural steroid injections reinforced with spinal epidural catheter.

D. DECISION:

I AGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE.

E. RATIONALE OR BASIS FOR DECISION:

The claimant’s current pain complaint, lumbar pain radiating into the left leg to the level of the knee, is inconsistent with the MRI evidence of post-laminectomy left S-1 epidural fibrosis. The S-1 nerve root would cause pain radiating to the bottom of the foot, not to the knee. However, the small disk protrusion at L2-3 to the left is much more likely, and in all medical probability, the source of this claimant’s recent worsening of back pain radiating down the left leg to the knee, as that is consistent with an L-3 nerve root lesion. Therefore, the L2-3 level, which is not part of the claimant’s work-related pathology, but is, in all medical probability, due to ongoing degenerative disk disease worsening with the degenerative process of life, the source of pain, does not require treatment. The L5-S1 level, with left S-1 epidural fibrosis, is not at all medically likely to be

involved in the claimant's pain complaint, as the symptoms do not correlate with the pathology, nor is there any evidence of a positive straight-leg raising test, which would indicate nerve root pathology and/or tethering due to epidural fibrosis.

Therefore, the symptoms are not related to the original work injury or a consequence of any of the treatment that has been previously provided for that work injury. Moreover, there is no medical justification or rationale for an automatic series of three epidural steroid injections. In fact, the medical literature indicates that no more than three epidural steroid injections be performed in a 4-6 month period. There is no medical necessity for performing a "series of three" such injections. Most importantly, however, the treatment is not reasonable or necessary or related to the original work injury based on the complaint, physical examination, and objective test evidence of unrelated L2-3 pathology. I state again that the L5-S1 level with left S-1 epidural fibrosis would not cause the symptoms as described and, therefore, does not require any treatment.

In summary, therefore, the symptoms do not match pathology related to the injury, the physical exam does not match the objective evidence of pathology, and the requested procedure is not reasonable or necessary or related to treatment of the original injury.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

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Date: 4 October 2002